

TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666 Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

APPLICATION FOR PERMIT FOR ORGANIZED BIKE & ROAD RACES

Applicant:	Email:		
Group Affiliation (If Any):			
Mailing Address:	City:	State:	Zip:
Phone:	Cell Phone:		
Type of Event (Please be specific as to number of will be served, parking arrangements, etc.):			
Streets &/or Roads to be Used:			
Date(s) and Hours Race/Event:			
Applicant is responsible for obt If Town Beaches are being used the Use of Tow I, as applicant for the above, do hereby acknowle applicant for the above, additionally guarantee the completion of said activity.	wn Property MUST bedge that the town is exe	e completed in addition empt from any liability	n to this application. for this activity. I, as
Signature of Applicant	Date	e	
Action by the Board of Selectmen:		Date:	
Approved as submitted			
Approved with the following con	ndition(s):		
Disapproved with the following	reason(s):		
Signatures of the Board:			

APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS & INSPECTIONS

Health/Conservation Agent Signature:	Building Commissioner Signature:	
Comments/Conditions:	Comments/Conditions:	
Permits/Inspections needed:	Permits/Inspections needed:	
Police Department Signature:	Fire Department Signature:	
Comments/Conditions:	Comments/Conditions:	
DPW Signature:	Harbormaster Signature:	
Comments/Conditions:	Comments/Conditions:	
Beach Supervisor:	Other:	
Comments/Conditions:	Comments/Conditions:	